OBSTETRICAL REMINISCENCES.*

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"We pass the paths that each man treads, is green or will be green with weeds."

Knowing that "variety is the spice of life," it occurred to me that obstetrical reminiscences gleaned from thirty-five years' experience on the firing line in the middle west ought to be of interest to the younger members of this Society, and I trust the discussion will bring to the surface the rich store of similar experiences that are etched indelibly on the walls of memory of the old veterans that I have the honor of addressing and all this "lest we forget," for the old doctor, like the old soldier, is prone to "shoulder his crutch to show how fields were won" or lost as the case may be.

This recital will of necessity be of a personal character, partaking to a degree the nature of "Tales of a Grandfather." The ideal obstetrician should have the strength of Samson, the patience of Job, the wisdom of Solomon, and a knowledge of human nature that was possessed by Hugo, Dickens, and Shakespeare, in addition to a thorough knowledge of the entire subject, and a natural resourcefulness to meet and overcome emergencies that often "come not single spies but in battalions." Therefore I conclude that the personal equation is the prominent factor, and being "short" on all these qualifications in a new, sparsely settled country in Illinois at the age of 21 years, my first case was obstetrical. A normal labor, except that the umbilical cord was wrapped five times around the neck (a condition that I have never seen since) giving me the impression that they came in reels like spools of thread.

A short time after this, I was called several miles distant one summer night to the home of an influential and wealthy farmer. I well recall the horse I rode, a nervous, high-mettled fellow, who shied and bucked when a flock of startled prairie chickens whizzed out from under his feet and my saddle bags as suddenly and unceremoniously shot out from under me and promptly lit in the grass vacated by the chickens. By the aid of lighted matches, I recovered them, and went ahead. On arriving at the house I found that his daughter was very sick in bed with "colic" (that was their diagnosis). She was surrounded by ears of boiled corn, each ear wrapped in flannel, and was in a profuse perspiration. I observed that the pain was markedly spasmodic, also that during the spasm of pain she had a strong tendency to hold onto things within her reach. I found she was single and her mother in attendance. Here was a perplexing dilemma for a sappy doctor. If it was the colic and I should hint at anything else, I would be bodily "fired" and forever disgraced in that neighborhood. On the contrary, if it was not the colic and I did not make a diagnosis, they would soon demonstrate that I was as ignorant as I looked to be. It was then I "longed for the touch of a vanished hand and the sound of a voice" that wasn't there—my professor of obstetrics. I wanted time and a private interview with the party of the first part, so by a ruse I sent her mother to the kitchen to prepare some strong ginger tea; then I "crossed the Rubicon," and boldly said to the daughter, "you certainly know what is the matter with you, don't you?" She said, "well, I thought I might be in a family way." I then made a hurried examination and found the head resting on the perineum. When her mother returned I told her the truth. She left the room completely collapsed, and I was left master of ceremonies. When the head was delivered, and before I could extricate the shoulders, the mother of the child raised herself and struck a vicious blow at its head. This I countered with my left arm, and forced her back onto the bed, and told her that wouldn't go with me. She then offered me $500.00 to destroy it. This I declined with thanks. I realized that she was in a frenzy and hardly accountable for her actions. I quieted her by telling her that they could send the child to an orphan's asylum. I remained until I considered her physical condition all right and left. About a month after this, I met her father on the road. Making inquiry in regard to the case, he informed me that his daughter had recovered, but during the wet weather the child had taken cold and died(?).

Did we use antiseptic precautions in those days? We washed our hands often in a wash pan that had been in service for years and with a piece of soap that in months of use showed but little erosion. Then anointing the finger with lard that stood ready for the doctor in a tablespoon side by side with a piece of string and a pair of scissors. Yes, we treated the cord antiseptically in a way, i. e., dressed it with a scorched linen rag. The origin of this procedure is lost in the mist of antiquity. No case of any particular interest occurred to me until a few years after this. I was then in practice, associated with my brother Dr. S. M. Barnes and Dr. N. T. P. Robertson in Fairbury, Illinois. One cold, stormy winter's day Dr. Robertson was called sixteen miles into the country to an obstetrical case and I accompanied him. We went in a sleigh. Arriving at the house and while warming ourselves at a stove, they asked the doctor if he wantd to see the baby. He replied, "I will make an examination as soon as I get warm"; so they went into an adjacent room and returned with a box. In it was the body of a large child, minus its head. We soon found that a large muscular Amazon, an alleged midwife, was in attendance on the case. One of the tribe that "don't have no use for doctors no how." There had been a foot presentation, and when she learned that a physician had been sent for, she proceeded to put on the "high gear," and absolutely severed the body from the head. We found the head in the uterus. I gave chloroform, and the doctor by external and internal manipulations brought it into proper position, and by long and tedious work succeeded in locking a long Hodge

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forceps on the head and delivering it. The mother made a good recovery.

Another case will serve to illustrate the necessity of adaptability to environment. One stormy evening late in October, I was called into the country to attend a case in a one-room shack located in a small clearing in the deep woods. The children had been distributed in the neighborhood. The husband was present, and two old ladies, one with chronic rheumatism and the other a confirmed asthmatic. About 10 p. m. we gradually went into cold storage. The fire had gone out and so had the husband. I inquired in regard to the strange disappearance of the head of the house at such a time, and was informed by his wife that "Abe never could bear to see me suffer," and had gone for the night, having by former experiences learned to avoid the great mental suffering and acute anguish of soul that these frequent and harrassing ordeals entailed on his sensitive nature. As there was no wood in the house, I enquired into the probable location of an additional supply that had no doubt been amply provided by this remarkably tender-hearted man, but found that the wife was not informed on matters outside of her own department. This was interesting. I found a lantern and sallied forth into

"That night a child might understand,
The de'il had business on his hand,"

and found no cut wood, but a dull ax, and in the adjacent woods, a tree top. This I attacked, and soon had enough wood cut to go through the night. About daybreak another scion was added to this home, and the question of race suicide happily averted. About "sunup" Abe came home smiling and hopeful. His wife kissed him and said she was mighty glad he hadn't been there, as she didn't think he could have stood it.

"O, woman in your hours of ease,
Uncertain, coy, and hard to please,
When pain and anguish wring the brow,
A ministering angel, thou."

Fidelity like this is the bulwark against race suicide, and sends thoughts of divorce courts glimmering in the gloaming. I evidently made a fine impression on my assistants, for in a few days the woman with chronic rheumatism sent her tow-headed boy to town on a mule to ask me which she had better buy, a bottle of Hood's Sarsaparilla or a bottle of Kennedy's Medical Discovery, as she couldn't tell to save her soul which was the best. It is little confidences like this that encourage the belief in the mind of the struggling medical tyro that altruism is to be preferred to egoism.

A short time after this, another dark and rainy night, found me eight miles in the country in attendance on another case. I found a head presentation and a cold, prolapsed, pulseless cord. I had no instruments with me. I decided that the indications were to deliver this woman as rapidly and expeditiously as possible. Out in the workshop I found a thick wire. This I cut and bent into a fish-hook shape, filed the end sharp, wrapped it to near the point with old muslin, anointed it with lard, introduced the point between the sutures, evacuated the brain, and removed the child and. went home. Fortunately, the woman recovered. My partners, while ostensibly approving of my successful operation mildly suggested that "a decent respect for the opinions of mankind" would be better conserved by calling for consultation and the use of well known and less primitive instruments. My egotism received a severe jolt but I learned my lesson, and never attended another case without being properly equipped.

About twelve years after this I was in practice in Iowa, and was called to see a case that occurred in the practice of my partner, Dr. Rawls, of Creston. The patient was an old primipara who was married to an aged man. This may account for the extreme ossification of the cranial bones of the child. It had a small bullet-shaped head that tore its way through the tissues to the left of the vulva, leaving the vulva intact, making a ragged wound. This the doctor repaired but septic infection followed and she had a long and tedious convalescence.

A few years after this I was called by a physician of experience to a neighboring town to do a craniotomy. The patient, a muscular primipara about 30 years of age, had been in labor for 36 hours. The physician had made a diagnosis of contracted pelvis and a dead child, and so announced to all concerned. I found pulsation of the fetal heart; a very large child; head presentation; as fully dilated, and believed that the apparent pelvic contraction was due to extreme muscular development. I refused to do a craniotomy, believing it to be a forceps case. The physician in charge "stood pat" and we disagreed. The husband decided that I might try the forceps and the physician reluctantly gave chloroform. After over an hour of hard tedious work, I delivered her of an apparently still-born boy, but by long and persistent artificial respiration, succeeded in resuscitating him. He has since grown to manhood, and his mother made a good recovery. This simply illustrates the fact that it is not always best to make a positive diagnosis in a doubtful case.

In the year 1893, a rare case of congenital malformation, complicating labor, came under my care for the second time. I kept full notes of this case at the time, as I should have done in all cases deviating from the normal. This lady was 33 years old at the time of her last confinement; she was perfectly formed, excepting that the rectum terminated in the vagina about two inches from the vulva; her weight was 165 pounds. This was her third confinement—the two previous ones necessitating the use of forceps—the first child living but a few months, the second, owing to the large size of the head and the compression required to effect its exit, lived but a few moments.

Her first confinement was conducted by another physician. She came under my care in the second, and when I was requested to again take charge of the case I was constantly in great trepidation until the labor was over. As the fecal discharges passed through the vagina the lower part of the

vulva partook of the nature of an anus more than of a normal vulva, hence when the head passed through the straits, it rested on the perineum, if it could be so termed. In her second labor the parts were so unyielding and tense that it was impossible to perceive any distention and the head of the child had to be crushed sufficiently to pass through this outlet. In the second labor she made a good recovery. I submitted the case to eminent gynocological authority with a suggestion to cut on each side of the vulvo-vaginal opening when the head rested on the perineum. They sanctioned and approved of the procedure. I submitted the proposition to the lady's husband (a very intelligent gentleman) who was perfectly willing, but no amount of persuasion could overcome the prejudice of his wife against any operation. Therefore, when I was called to attend her a second time, it was with the same feelings I had when I was called to my first confinement case.

The bowels were thoroughly evacuated before the labor began; the vagina disinfected, the labor came on rapidly, the head passing down and resting on the perineum in a much shorter time than in the second labor. In the same position where the second child became impacted this head came to a standstill. The uterine contractions were frequent and powerful. After a close examination I believed we had a smaller head to deal with than before. I applied the forceps and lifted the head up and out without any crushing efforts. The child (a girl) was born with no injury to the head. There were a few abrasions, as I afterwards discovered, of the mucous membrane at the posterior part of the vulvo-canal opening. The placenta and all the membranes were readily removed. I thoroughly disinfected the vagina with a one two-thousandth solution of bichlorid of mercury and felt that "all's well that ends well." But on the fourth day a chill supervened, the temperature ran up to 105°; she had delirium. I immediately washed out the uterus with negative results. The bowels had moved the second day but her husband had washed out the vagina thoroughly after each operation with bichlorid of mercury, one to two-thousand. I examined the vagina and vulvo-anal opening and found small abrasions in the mucous membrane that had a dry inflamed appearance. I believed then and do now that the discharges from the bowels passing over this abraded surface were absorbed and produced the infection. I applied a saturated solution of silver nitrate to the abrasions and considered the proper constitutional treatment to pursue. Should I give epsom salts? If I did not could I combat the violent peritoneal inflammation? If I did, I would be constantly pouring into a puerperal vagina a sewer of infection. Should I escape Scylla would I be wrecked on Charybdis?

I elected to administer the epsom salts and gave a saturated solution of half ounce doses every fifteen minutes from 4 p. m. until midnight. The discharge from the bowels at that time was watery, the temperature gradually came down and by noon of the fifth day was normal. After each and every discharge from the bowels her husband thoroughly irrigated the vagina with a one two-thousandth solution of bichlorid of mercury.

Sulphate of quinine in six grain doses was given for twenty-four hours, every two hours, and from one-half to one ounce of brandy every half hour, in all twenty-four ounces of brandy the first twenty-four hours. These doses were all gradually decreased; the second and third days one-half to one ounce of cold water was given as often as asked for, and that was every ten or fifteen minutes for the first twenty-four hours. She improved rapidly excepting an abscess formed on the left breast. I evacuated the pus and washed out the cavity with peroxide of hydrogen. The breast gave us no further trouble and she made an uninterrupted recovery.

Here was a case where vaginal injections seemed to be imperative and necessary, a procedure that in ordinary cases I regard as unjustifiable, meddlesome and dangerous. The mother and daughter are alive to-day, the latter a handsome young lady of 15 years.

I was called to see a case in Iowa in consultation with Dr. W. D. Christy then of Shannon City. The doctor has kindly furnished the following history. prior to my association with him in the case:

"I was called on the night of February 23, 1894, to attend Mrs. W., a farmer's wife, age 35 years, multipara, German. Found her having regular labor pains. Os high up. No presentment or dilatation. Anterior and upper part of vagina filled with what felt like a cauliflower growth, making it somewhat difficult to locate os. Was and had been having a slight discharge for several days, prune juice in appearance, with little if any odor. Found she had quickened, September 11th. Previous confinement some six or seven years prior; was tedious with instrumental delivery, and protracted convalescence caused by post partum hemorrhage. After waiting an hour or two with no increase in strength of pains or progress being made, gave her some quinine, which increased the strength of contraction for an hour, then gradually subsided and stopped at the end of five hours without any apparent progress having been made. Seven days after, pain returned and lasted about an hour with no result. On March 7th, I called to see her, and gave her a careful examination. No movement or pulsation discernable. On March 20th, cauliflower growth had entirely disappeared. Mucous membrane smooth and natural to touch. Discharge the same. Complained of sharp stinging pains in sacral region. Bowels constipated. Urine scanty and irritating. Both troubles relieved by small doses of cascara and buchu. But no return of labor pains after March 7th. There was a gradual decrease in size and weight of patient from March 1st, at which time she was a plump, healthy looking woman."

May 21, 1894, I saw her and found the os uteri completely obliterated. Under anesthesia and

proper antiseptic precautions, the doctor making counter pressure on the fundus of the uterus, with my fingers and thumb, I gradually forced my hand through the tissues and into the uterus. I found a very large mummified fetus that I removed by podalic version. During this maneuver, while removing the head, the uterus was torn from its posterior attachment to the vagina. The membranes were very thick. No liquor amnei. The fetus weighed ten pounds. Strict antiseptic precautions were carried out in the after treatment of this case, and beyond a slight raise in temperature the second day, she made an uneventful recovery, and was doing her work in six weeks. She was then examined by the doctor who found a contracted Douglas cul de sac from cicatricial tissue.

On the film of years I see moving pictures of a doctor lost on a trackless Iowa prairie in a howling, merciless blizzard on his way to attend an obstetrical case; of eclampsia, eight cases. One a mother at term with her seventeenth child. (All the mothers recovered and all were bled.) Pernicious vomiting of pregnancy, 2 cases; both died. Placenta previa, 3 cases; these mothers recovered; children still born. Postmortem hemorrhage, no record kept. Of number of forceps deliveries, about 10% of all cases, and presentations of every kind possible.

I have always used the abdominal bandage and in late years the rubber gloves, as you can boil the gloves and you can't boil your hands. I use chloroform in almost every case pushed to the point of light anesthesia.

A labor case is a psychical and mechanical problem and fortunate is the practitioner who, having confidence in his own knowledge and ability involuntarily so impresses the mind of the patient that she cheerfully acquiesces in the directions given her and has implicit confidence in him. Call it hypnotism or what you will, the mind of a woman in labor is in a peculiarly susceptible condition and she is soon either "en rapport" or disgusted with her attendant.

"Every pilot can steer the ship in calms,
But he performs the skillful part who manages it in storms."

PLAGUE.

Being a translation of the Fourth Chapter of "La Pathologie Exotique," by Professor A. Le Dantec of the Faculty of Medicine, Bordeaux.

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(Continued from July.)

Haffkine's prophylactic may be prepared extemporaneously by the use of a culture upon agar instead of a culture upon bouillon. Two days suffice in this case. The bacillary puree is obtained by scraping the tubes of agar which is diluted with sterilized water and is afterward heated to 70°. Noc has used this method in New Caledonia, injecting ½cc at a dose.

We will consider in our chapter on treatment the results which have been obtained by injecting Haffkine's prophylactic in the prevention of plague.

Anti-pest material of Lustig and Galeotti. The two authors have modified the preparation of prophylactic lymph in the following manner: they cultivate the pest bacilli on gelatin plates, dissolving the cultures in a solution of caustic potash 1%, precipitating the nucleoproteid substances thus dissolved by a weak solution of acetic or hydrochloric acid, collecting the precipitate, washing it and drying it completely. This substance seems to be able to remain active indefinitely. The dose for a man is about 3 gm, which is dissolved in a sufficient quantity of a carbonate of soda solution, 50 gm. per hundred. The subcutaneous injection of this dose provokes a very marked, local and general reaction (Manson.)

Anti-pest vaccine of Yersin and Carre. The resistance which the Asiatics have opposed to the preventive injection, namely the anti-pest serum and Haffkine's lymph led Yersin to search for a procedure which would be applicable like Jenner's vaccination. With the assistance of Carre he tried at Nha-Trang to obtain an attenuated virus. He had at first ascertained that by the great age of cultures it was possible to have strains of pest bacilli possessing all the degrees of virulence from bacilli killing the rat in forty-eight hours to organisms which would not kill the rat at all. They found cultures which would kill 80, 50, 20, 10 per cent of the inoculated animals in times varying from 4 to 15 days. After long search, Yersin and Carre obtained a pest bacillus which did not kill more than 20% of the rats inoculated and which they called Bacillus C.

The germs, totally deprived of their virulence, would not vaccinate, but the feebly virulent pest bacilli would. A perfect immunity was acquired in about fifteen days. Did it persist? One experiment of three months is not enough upon which to base conclusions. The organism which killed 40-50% of the rats was inoculated into apes, which presented only a passing malaise and were finally resistant to virulent bacilli. Yersin inoculated himself with the Bacillus C. without other accident than a slight stiffness in the joints, and fever.

These inoculations are made with a lancet as in Jennerian vaccination, and this is the principal advantage of the method, that there is greater chance of its being accepted than when injection is used.

Anti-pest serum of the Pasteur Institute. This is at the same time an anti-microbic and anti-toxic serum because it is obtained by injecting into a horse, not only the pest toxin but also the dead bacilli. It was desired at first to try to make a simple anti-toxic serum as is made for diphtheria, but it was discovered that the bouillon of the culture freed of the bodies of the microbes by filtration was absolutely without action upon rabbits, whence the impossibility of making a simple anti-toxic serum. It was therefore necessary to have recourse to the total culture, toxin and microbic bodies. Experiments demonstrated that it was possible under these conditions to obtain a really efficacious anti-pest serum. Yersin, Calmette and Borrel worked first upon rabbits and later experimented upon horses.

They scraped gelatine cultures, diluted the scrapings with a little bouillon and shut up the mixture in a sealed tube which they heated at 58° for one hour. This mixture containing the bodies of the pest bacilli, injected in a small dose beneath the skin, into the peritoneum or into the veins, conferred an immunity against the subsequent inoculation with living or virulent organisms; 3cc. of the serum thus used sufficed to preserve a non-immune rabbit against a subcutaneous inoculation of living cultures. The same quantity of serum injected into a rabbit twelve hours after virulent inoculation arrested the development of the microbe and cured the animal.

These three experimenters then attempted the immunization of a horse and used for this purpose a pest virus killing mice in two days. But in the horse subcutaneous injection of virulent cultures caused indurations and finally carbuncles, therefore it was thought better to make the injection into the veins. The horse first received into his veins a plague culture killed by heating it, that is to say, the bodies of the microbes. Then beneath the skin a filtered